

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-044701

STATE FILE NUMBER

Registration District No. 306 Primary Registration District No. 30425 Registrar's No. 114

FILED NOV 26 1963

1. PLACE OF DEATH a. COUNTY <u>Madison</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fredericktown</u> Length of stay in 1b <u>Life</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Madison Memorial Hospital</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Madison</u> c. CITY OR TOWN <u>Fredericktown</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>210 South Main Street</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
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3. NAME OF DECEASED First Middle Last <u>Earl Graham</u>			4. DATE OF DEATH Month Day Year <u>November 16, 1963</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5-11-1896</u>	9. AGE (last birthday) <u>67</u>	IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retail Merchant - Lumber and Building Supplies</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Madison County, Mo.</u>	11. BIRTHPLACE (City and state or country) <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Napoleon Bonaparte Graham</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Creasy</u>	14. NAME OF HUSBAND OR WIFE <u>Louise Graham</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W.W. I</u>	16. SOCIAL SECURITY NO. [Redacted]	17. INFORMANT Address <u>Mrs. Louise Graham - Fredericktown, Mo.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma lung, secondary</u> DUE TO (b) <u>? Carcinoma of kidney - (Surgically removed)</u> DUE TO (c) <u>8 yrs</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 months</u>
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown.
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>
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20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>10/31/63</u>	20f. CITY, TOWN, OR LOCATION <u>Fredericktown, Missouri</u>	COUNTY STATE
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21. I attended the deceased from 10/31/63 to 11/15/63 and last saw him alive on 11/15/63
 Death occurred at 2:40 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>M. Gorman M.D.</u>	22b. ADDRESS <u>Fredericktown, Missouri</u>	22c. DATE SIGNED <u>11-16-63</u>
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23b. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23c. DATE <u>11-18-1963</u>	23d. NAME OF CEMETERY OR CREMATORY <u>Old Masonic Cemetery</u>	23e. LOCATION (City, town, or county) (State) <u>Madison County, Missouri</u>
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24. FUNERAL DIRECTOR ADDRESS <u>J. P. Edmonson Fredericktown, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>11-20-1963</u>	26. REGISTRAR'S SIGNATURE <u>Therence Dickes</u>
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DO NOT WRITE ON THIS STUB
 AMENDED
 DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF
 USE BLACK INK OR TYPEWRITER RIBBON

VS 300 Rev. 4/59
 10621
 20621
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MAR 13 1967

DEC 6 1965

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STATEMENT BY LICENSED EMBALMER

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I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed [Signature]

Licensed Embalmer No. 4351

P. O. Address FREDERICKTOWN, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.